

Last name:

First name:           MI  Soc. Sec. #:    -    -

Address:

City:                      State

Zip Code:       -       Male ☐ Female ☐

Home phone:    -    -     Business:    -    -

Check One	Exam Date	Registration Deadline	Exam Location	Site ID
<input type="checkbox"/>	January 22, 2005	December 3, 2004	Louisville, KY	1734
<input type="checkbox"/>	April 16, 2005	February 25, 2005	Lexington, KY	1711
<input type="checkbox"/>	July 16, 2005	May 25, 2005	Louisville, KY	1733
<input type="checkbox"/>	October 22, 2005	September 2, 2005	Bowling Green, KY	1702

**ABOUT REGISTRATION**

- ? The cost to register is **\$120**. This examination fee is **non-refundable/non-transferable**.
- ? Registration is required. Deadlines are strictly enforced.
- ? All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- ? You will receive your admission ticket approximately two weeks prior to the exam date.
- ? Your admission ticket will include information regarding the date and location of the exam.

**PLEASE INCLUDE WITH YOUR MATERIALS**

- ? Your completed registration form with signature.
- ? Your **\$120** examination fee (please make check or money order payable to NBCC).
- ? An unofficial copy of your **transcript** showing conferral of a master's in counseling.

**WHERE TO SEND YOUR REGISTRATION MATERIALS**

**NBCC**  
**PO Box 7407**  
**Greensboro, NC 27417-0407**

**QUESTIONS ABOUT THE EXAM ADMINISTRATION?** Tel: 336-547-0607; Fax: 336-547-0017; E-mail: [nbcc@nbcc.org](mailto:nbcc@nbcc.org)

**If you fax your registration form with your credit card payment, call NBCC the next business day to confirm receipt of the fax.**

Have you previously taken the NCE with the National Board for Certified Counselors? Yes ☐ No ☐

If yes, on which date?   /   /    
Month Day Year

*I understand that I am taking the NCE for the purpose of fulfilling requirements for professional counselor certification in Kentucky. I authorize NBCC to provide the Kentucky Board of Certification for Professional Counselors with examination results. I understand that I am not eligible for Kentucky Certification until passing the NCE and completing all other certification requirements pursuant to KRS 335.525.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHARGE ORDER FORM - DO NOT DETACH**

Credit card type: VISA ☐ Mastercard ☐ American Express ☐

Account number:

Name on card:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exp. date:   /

Amt. charged: \$